

ESCALANTE COMMUNITY CENTER KAMP KOOL PROGRAM (ages 5-13)

The Escalante Community Center has been providing summer recreation programs for youth since 1976. Throughout the last 36 years, Escalante has established a reputation for providing quality activities, which promote educational, motivational and recreational fun.

The registration process is a lottery drawing **beginning at 9 am on Saturday, April 14, 2012 for Tempe residents only.** Lottery tickets will be given out **between 8-9 am.** Any participants arriving after 9 am will not be included in the lottery drawing, however, registration packets will be placed on the waiting list. Kampers must be 5 years old by June 4 to register for Kamp. The registration fee(s) is non-refundable. **Non-Tempe resident drop-off registration is on Monday, April 23.**

Only Parents/Guardians can register their immediate family members in their household. The Kamp Kool Program begins June 4 for 8 weeks. Once registered, a "Parent Handbook" will be mailed to each parent/guardian or it can be downloaded from www.tempe.gov/escalante. There will be no Kamp Kool held on July 4 and 5.

KAMP KOOL:

\$240 (Kamp Kool shirt, and trips included)

KAMP KOOL TRIPS:

JUNE 22

June 29

JULY 13

Skateland

IMAX

Amazing Jakes

Departure and return times will vary on all trips.

PAYMENT:

Credit/Debit card, cash, money order, or checks made out to

City of Tempe. (Optional payment plans available in 3 equal monthly

installments.)

REQUIRED FOR

REGISTRATION:

Bring a current utility bill with your name/address displayed

for proof of Tempe resident and your child(rens)birth

certificate for proof of age.

PROGRAM HIGHLIGHTS

Swimming once a week
Special Events/Guest Speakers
Daily educational and recreational activities to choose from
End of Summer Carnival/Talent Show

Escalante Community Center, 2150 E. Orange St., Tempe, AZ 85281 (480) 350-5800 Fax (480) 350-5815 www.tempe.gov/escalante

KAMP KOOL FREQUENTLY ASKED QUESTIONS (FAQ)

1. What types of activities go on at Kamp Kool?

We like to keep kampers engaged in a wide variety of stimulating activities that provide plenty of choices, interactions, encouragement, and praise with opportunities to earn rewards and privileges. The following is typical day at Kamp Kool.

	TYF	CAL	SUMMER	KAMP	DAY
--	-----	-----	--------	------	-----

8:15-8:30 am	Check-In/Announcements- Kampers will check-in with their squad Staff.
8:30-9:30 am	Groups rotate through a variety of enrichment classes that teach various skills (Life Skills, Team Building, Art, Education, Sports etc.)
9:30 -12 noon	Menu Choices-opportunity for participants to choose from a variety of well-planned enrichment activities that meet their developmental needs and interests.
12-12:30 pm	Lunch
12:30-2:15 pm	Depending on the day -planned club choice activities (chess club, marble club, reading club, etc.) special event/guest speaker or swimming.
2:15-2:30 pm	Announcements, Reminders, Newsletters/Flyers, Dismissal

2. Do you offer discounts/group discounts?

Kamp Kool is a subsidized program offered at a minimal cost. We offer a payment plan option if needed. Payments are divided in 3 equal monthly installments. Fee assistance is available to those currently enrolled in the AZ DES Program.

3. What time can I drop off my kamper(s)?

It is important your child be on time every day in order to receive directions, room assignments, as well as supervision to and from cafeteria/classrooms. If arriving late, you must accompany kamper(s) into the building. There may be times where Staff will be unable to supervise your kamper to assigned areas and you will need to escort them to their areas. Gymnasium door will be open for **Kamp Kool at 8:15 am**. Kampers who are 5 yrs. old must be accompanied by an adult into the gymnasium.

4. Where can I park if I am picking up or dropping off my kamper(s)?

You must park your car in assigned parking areas if you are entering the building for any reason. Front circle area is ONLY for drop-off purposes and bus circulation. For the safety of all participants it is important to keep this area clear of vehicles.

5. What time can I pick up my kampers; do I have to sign them in/out? What if I'm running late?

All kampers must be picked up in the gym by 2:30 pm. The gymnasium door will be open at 2:15 pm for pick up. It is important to notify Staff if another person is picking up your kamper not on your emergency contact sheet. Please carry picture ID on you at all times. You do not have to sign your kamper in or out, but be prepared to show ID. Kampers 6-13 years old not picked up by 2:30 pm will automatically be given a band to enter into the center's drop-in program to wait for pick up. Escalante's drop-in center summer hours are 2:30 pm to 8:00 pm. Our drop-in program is an open door policy. Participants are only supervised in community center program areas (i.e. game room, ed. room, & gym) and may leave and re-enter center without monitoring. It is important to talk with your kamper(s) about staying in the building. There are a variety of after-kamp programs they can sign up for. Tempe library card will be needed to use computers after Kamp. Kampers 5 years old are unable to participate in the drop-in program and must be picked up by 2:30 pm.

6. What will my kamper(s) need to participate in Kamp Kool?

Once enrolled in the Kamp, a parent handbook will be mailed to you. In addition, a bi-weekly parent newsletter and/or flyer will be sent home with kamper(s). It is important to ask your kamper(s) daily if they have received one. We keep extras at the front desk just in case your kamper makes it home without one. You will also be able to access flyers on our website at www.tempe.gov/escalante.

7. You didn't answer my question(s)?

If you have questions we didn't answer, contact us at 480-350-5800 or check out our "Parent Handbook" @ www.tempe.gov/escalante. If enough people ask the same question (or we just think it's an incredibly swell question) we'll add it to the FAQ list.

ESCALANTE COMMUNITY CENTER SUMMER YOUTH PROGRAM 2012

PLEASE FILL OUT COMPLETELY AND SIGN BOTTOM OF FORM

MAIN CONTACT INFORMATION

MAIN CON I	ACTINFORMATION											
	LAST NAME	Mi	FIRST	NAME		НС	ME PHONE		CEI	_L/WC	RK PHO	٧E
MOTHER												
	LAST NAME	MI	FIRST	NAME		НС	ME PHONE		CEI	_L/WC	ORK PHON	NE
FATHER		- Company										
ADDRESS				CITY					ST		ZIP (CODE
EMERGENO	Y CONTACT INFOR	MATI	ON (O	ther than l	Parer	nt are	Required)					
NAME			PHONE				Relationship to Participan					
NAME]	PHONE				Relationship to Participan	1				•
YOUTH PAR	RTICIPANTS (Ages 5	to 13	ONL	()		8						
Group Assigned	LAST NAME	MI	FIRST	NAME		M/F	BIRTHDATE	ВС	AGE	Α	LLERGIE	S
T-Shirt Size:	Please Circle One	Y	6-8	Y10-12	Y14	-16	A-S	A-M	Α-	·L	A-XL	
Group Assigned	LAST NAME	Mi	FIRST	NAME		M/F	BIRTHDATE	вс	AGE	Α	LLERGIE	S
12.02 (2.02) 12.02 (2.02)												
T-Shirt Size:	Please Circle One	Υ	6-8	Y10-12	Y14	-16	A-S	A-M	A-	·L	A-XL	
Group Assigned	LAST NAME	MI	FIRST	NAME		M/F	BIRTHDATE	ВС	AGE	Α	LLERGIE	S
T-Shirt Size:	Please Circle One	Υ	6-8	Y10-12	Y14	-16	A-S	A-M	A-	·L	A-XL	
Group Assigned	LAST NAME	MI	FIRST	NAME		M/F	BIRTHDATE	вс	AGE	Α	LLERGIE	S
		(
T-Shirt Size:	Please Circle One	Υ	6-8	Y10-12	Y14	-16	A-S	A-M	Α-	L	A-XL	
involve risk of i approve of any	at the City of Tempe does njury and/or death; and, the photographs that may be following accommodation	nat I wi taken	ll not hol by the E	ld the City res scalante Cor	sponsil mmuni	ole for	accidents susta	ained	l in this	progra	am. I also	
						•						
PARENT/GU	JARDIAN SIGNATUR	RE					DATE					
OFFICE USE (ONLY:											
Proo	f of Residency		Proof of A	Age			\$240 X	Chi	ildren = _		_	
April 14 Payment_	Payment Method:	Cash _		Credit/Deb	it		Check#		INIT			
May 4 Payment	Payment Method:	Cash _		Credit/Deb	oit		Check#		INIT			
June 1 Payment	Payment Method:	Cash _		Credit/Deb	oit		_ Check#		INIT		-	

Program Registration Form



Please print.

Escalante Community Center Kamp Kool 2012—Field Trip Registration Form

Street Address City State Zip Code E-mail Address	ult Contact Last Name		First Name	MI	Home Phone	
City State Zip Code E-mail Ad Birth Date Male or Female E-mail Ad In case of Name Phone The same gency, notify: Registration Request First Name MI Last Name (if different) Check each trip participant(s) will a SKATELAND, 6/22 IMMAX, ISKATELAND, 6/22 IMMAX, SKATELAND, 6/22 IMMAX, SKATEL					Work Phone	
Birth Date Male or Female E-mail Ad Male or Female E-mail Ad Description Registration Request First Name MI Last Name (if different) Check each trip participant(s) will a SKATELAND, 6/22 IMAX, ISKATELAND, 6/22 IMAX, SKATELAND, 6/22 IMAX, SKATELAND, 6/22 IMAX, ISKATELAND, 6/22 IMAX, SKATELAND, 6/22 IMAX, IMAX, SKATELAND, 6/22 IMAX, IMAX, SKATELAND, 6/22 IMAX, IMAX, SKATELAND, 6/22 IMAX, IMA	et Address				Additional Phone	€
Birth Date Male or Female E-mail Ad Phone Registration Request First Name MI Last Name (if different) Check each trip participant(s) will SKATELAND, 6/22 IMAX, IMAX, SKATELAND, 6/22 IMAX, SKATELAND, 6/22 IM					oCell oSpouse	
Phone The case of Name Phone The imergency, totify: Registration Request First Name MI Last Name (if different) Check each trip participant(s) will I SKATELAND, 6/22 IMAX, SKATELAND, 6/22 SIMMAX, SKATELAND, 6/22 SIMMAX, SKATELAND, 6/22 SIMMAX, SKATELAND, 6/22 SIM		State	Zip Code	E-mail	Address	
Registration Request First Name MI Last Name (if different) Check each trip participant(s) will I SKATELAND, 6/22 IMAX, SKATELAND, 6/	n Dat e	Male or F	emale	E-mail	Address (addit	ional)
Last Name (if different) Check each trip participant(s) will a SKATELAND, 6/22 IIMAX, Above participant(s) must be enrolled in Escalante Kamp Kool 2012 to participate on the Waiver of Liability With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assi I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Temp members, and sponsors for any and all rights and claims for damages or costs I may have against the Cit members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cau Class/Activity. I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of a	rgency,		Phone			Relationship
Last Name (if different) Check each trip participant(s) will a SKATELAND, 6/22 IIMAX, Above participant(s) must be enrolled in Escalante Kamp Kool 2012 to participate on the Waiver of Liability With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assi I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Temp members, and sponsors for any and all rights and claims for damages or costs I may have against the Cit members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cau Class/Activity. I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of a	gistration Request					
□SKATELAND, 6/22 □IMAX, □SKAT		e (if differe	ent) Check each trip pa	rticipant(s) w	ill be attending	g:
□SKATELAND, 6/22 □IMAX, Above participant(s) must be enrolled in Escalante Kamp Kool 2012 to participate on the Waiver of Liability With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assu I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempembers, and sponsors for any and all rights and claims for damages or costs I may have against the Cit members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cau Class/Activity. I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of an end-or my children.			□SKATELAND, 6/2	2 DIMA	X, 6/29	□Amazing Jake's, 7/1
			□SKATELAND, 6/2	2 □IMA	X, 6/29	□Amazing Jake's, 7/1
Waiver of Liability With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assi I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempembers, and sponsors for any and all rights and claims for damages or costs I may have against the Cit members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cau Class/Activity. I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of an			□SKATELAND, 6/2	2 □IMA	X, 6/29	□Amazing Jake's, 7/1
Waiver of Liability With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assult understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempembers, and sponsors for any and all rights and claims for damages or costs I may have against the Cit members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cau Class/Activity. I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any			□SKATELAND, 6/2	2 □IMA	X, 6/29	□Amazing Jake's, 7/1
 I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempembers, and sponsors for any and all rights and claims for damages or costs I may have against the Cit members, and sponsors for personal injury, death, or property damage suffered by me, or that I may call Class/Activity. I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of an extended to the content of the conten			Waiver of Liab	oility		
might need to the chestary of the response of the second o	 I understand the City of Tempe does In understand that all reasonable effort If the Class/Activity includes any physical Information of this Class/Activity includes any physical Information of the City of the City of the City of Tempe for Ingree to look to my private physician 	not carry accides will be extended exertion, I assigned and I rights and I injury, death, or of editing, or dissemination for medical a	ent, sickness, or medical insurance ded to insure my health and safety, agree to perform the exercise at m id I waive and release and hold ha claims for damages or costs I may or property damage suffered by to the use of images of me and/or in all types of media for public re dvice and care and to notify my te	e for participants. y own ability level. mless the City of T ry have against the me, or that I may r my children, inclu lations purposes. acher or instructor	Tempe and any of its City of Tempe, its cause to others, and ding reproductions	agents, employees, officers, counci agents, employees, officers, counci s a result of my participation in this of photos, video, film, audio or othe
I have read and clearly understand the above statements. I realize this is a contract between myself and the C I sign it of my own free will.		e above staten	nents. I realize this is a contract be	tween myself and t	ne City of Tempe an	nd is a release of Liability.
Signature of Participant(Parent or Guardian if Participant is under 18)	gnature of Participant				Date	e